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30449 11/14/2005 SCHMEISER, OLSEN + WATTS 3 LEAR JET LANE SUITE 201 LATHAM, NY 12110

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(Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.					
10/707,068	11/19/2003	Joseph A. Iadanza	BUR920030126US1	1067					
THE OF INVENTION: METHOD FOR DESIGNING AN INTEGRATED CIRCUIT HAVING MULTIPLE VOLTAGE DOMAINS									

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	02/14/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
LEVIN, NAUM B		2825		716-018000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. XX "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered listed, no	nting on the patent front page, list times of up to 3 registered paten OR, alternatively, time of a single firm (having as a lattorney or agent) and the named patent attorneys or agents. If name will be printed.	nt attorneys 1 Schme 2 Watts es of up to	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Typed or printed name

··· (B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business	Machines Corporation, Armonk NY		
Please check the appropriate assignee category or categories (will not be	printed on the patent): \square Individual \bowtie Corporation or other private group entity \square Government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):		
XX Issue Fee	A check in the amount of the fee(s) is enclosed.		
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Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0456 (enclose an extra copy of this form).		
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Authorized Signature Cash P. Friedman	Date 11/25/2005		

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